

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT FOREIGN NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to **SECRETARY OF STATE**

FILE DATE _____

RECEIPT NO _____

Telephone # _____

FAX # _____

FILING DATE: Due during the month
the Certificate of Authority was issued,
and delinquent after the last day of the
following month.

1. Corporate ID and Name: _____

2. The jurisdiction under whose law it is formed _____

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
----------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

4. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--------------------------------------------------------	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--------------------------------------------------------------------	------	-------	-------

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	_____ President	Street Address	City	State	ZIP+4
--------------------------	--------------------	----------------	------	-------	-------

<input type="checkbox"/>	_____ Vice President	Street Address	City	State	ZIP+4
--------------------------	-------------------------	----------------	------	-------	-------

<input type="checkbox"/>	_____ Secretary	Street Address	City	State	ZIP+4
--------------------------	--------------------	----------------	------	-------	-------

<input type="checkbox"/>	_____ Treasurer	Street Address	City	State	ZIP+4
--------------------------	--------------------	----------------	------	-------	-------

<input type="checkbox"/>	_____ Director	Street Address	City	State	ZIP+4
--------------------------	-------------------	----------------	------	-------	-------

<input type="checkbox"/>	_____ Director	Street Address	City	State	ZIP+4
--------------------------	-------------------	----------------	------	-------	-------

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)